UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

COVER SHEET FOR AMENDMENTS

Case Nan	ne: Stephen Konst	antine Collias		Case No.:	17-46407		
DESCRIBI	E INFORMATION BEI	NG AMENDED BY CHE	CKING APPLICABLE E	BOX(ES) BE	LOW:		
☐ Amen	dment to Petition:						
	Name Debtor(s) M	ailing Address Alias					
	Signature \square Complyi	ng with Order Directing th	e Filing of Official Form	(s)			
☐ Summ	ary of Your Assets a	and Liabilities and Certa	in Statistical Informati	ion			
Staten	nent of Financial Affa	airs					
✓ Sched	lules and List of Cred	litors:					
☐ Sc	hedule A/B						
☐ Sc	hedule C 🔲 Debte	or 2 Schedule C					
Lis	st of Creditors Sche	dule D 🗌 Schedule E/F	and				
□ de	Add creditor(s), prov bt - \$31.00 Fee Requ		ready on the List of Cre	ditors, chanç	ge amount or classification of		
	Change address of a	a creditor already on the l	ist of Creditors - No Fe	e Required			
☐ Sc	hedule G						
☐ Sc	hedule H						
 ✓ Sc	hedule I						
 ✓ Sc	hedule J						
☐ Sc	hedule J-2						
NOTE:	: Use Page 2 for any	corrections or additions	s to the List of Credito	rs.			
Additiona	I Details of Amendm	ent(s): changes in in	come and expenses				
					on this cover sheet may		
	e relied upon by the contained in the docu	Clerk of the Court as a d	complete and accurate	summary o	of the information		
Date	ontained in the docu	Signature					
January 8	, 2018	/s/ John Z. Kallabat					
		BTOR(S): I declare unde					
		s, lists, statements, etc.	., and that they are tru	e and corre	ct to the best of my		
Date	nowledge, informatio	Signature					
January 8, 2018		/s/ Stephen Konstantine Collias					
		· · · · · · · · · · · · · · · · · · ·					

CORRECTIONS TO THE LIST OF CREDITORS

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRI	ESS OF CREDITOR:	PLEASE CHANGE TO:
-NONE-		_ _ _
	ADDITIONS	TO THE LIST OF CREDITORS
Use this section to identif	y creditors added to the	e schedules and List of Creditors.
NAME OF CREDITOR:		
ADDRESS:		
NAME OF CREDITOR:		
ADDRESS:		
NAME OF CREDITOR:		
ADDRESS:		

FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.

Fill in this informat	tion to identify your case:	
Debtor 1	Stephen Konstantine Collias	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: EASTERN DISTRICT OF MICHIGAN	
Case number	17-46407	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106 <u>l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

page 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Wholesale Acct Executive** Realtor Include part-time, seasonal, or **Employer's name Quicken Loans Keller Williams** self-employed work. **Employer's address** Occupation may include student 1050 Woodward Ave 210 S Old Woodward or homemaker, if it applies. Detroit, MI 48226 Birmingham, MI 48009 How long employed there? 2 years 5 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 10,876.00 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 10.876.00 0.00

5.	Copy					non-filing	spouse	
5.		line 4 here	4.	\$	10,876.00	\$	0.0	
	List a	all payroll deductions:						_
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,860.00	\$	0.0	0
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.0	
	5c.	Voluntary contributions for retirement plans	5c.	\$	1,085.51	\$	0.0	0
	5d.	Required repayments of retirement fund loans	5d.	\$	187.94	\$	0.0	<u> </u>
	5e.	Insurance	5e.	\$	317.00	\$	0.0	0
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.0	0
	5g.	Union dues	5g.	\$	0.00	\$	0.0	0
	5h.	Other deductions. Specify: Vison	5h.+	\$	13.92	+ \$	0.0	<u> </u>
		Dental	_	\$	34.83	\$	0.0	
		optional Life	_	\$	5.67	\$	0.0	<u>D</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	4,504.87	\$	0.0	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,371.13	\$	0.0	<u> </u>
8.	8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.0	n
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.0	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		·		,		
		settlement, and property settlement.	8c.	\$	0.00	\$	0.0	
	8d.	Unemployment compensation Social Security	8d.	\$	0.00	\$	0.0	
	8e. 8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. 8f.	\$	0.00	\$	0.0	<u> </u>
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.0	
	8h.	Other monthly income. Specify: Retirement contributions	8h.+	· —	1,085.51		0.0	
		Pro-rated tax refunds	-	\$	150.00	\$	0.0	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$1,235.51		\$	0.0	00
10.		ulate monthly income. Add line 7 + line 9. 1 he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$	7	7,606.64 + \$_	0.0	o = \$	7,606.64
11.	Include other	all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your of friends or relatives. In this include any amounts already included in lines 2-10 or amounts that are not a lify:	depend		•	ed in <i>Schedi</i>	ule J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resulthat amount on the Summary of Schedules and Statistical Summary of Certaines					2. \$	7,606.64
13	Do w	ou expect an increase or decrease within the year after you file this form?					Comb	ined nly income
70.		No. Yes. Explain: The above income represents the income as of Foundation spouse will be taking a leave of absence due to he	ebrua				non fili	ng

Fill	in this informa	tion to identify yo	our case:			l						
Deb		Stephen Kor		Collias		Che	ck if this is:					
	Debtor 2 (Spouse, if filing)						 An amended filing A supplement showing postpetition chapte 13 expenses as of the following date: 					
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN							MM / DD / YYYY					
			. LASIL	KN DISTRICT OF WHOTH	DAIN		WIWI / DD / TTTT					
1	e number 17 nown)	'-46407										
		rm 106J										
		J: Your						12/15				
info	rmation. If m		eded, atta	. If two married people and the control of the cont								
Par		ibe Your House	hold									
1.	Is this a join No. Go to											
			in a separ	ate household?								
	□ No	_	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	e <i>hold</i> of Deb	otor 2.					
2.	Do you have	e dependents?	■ No									
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?				
	Do not state							□ No				
	dependents	names.						☐ Yes ☐ No				
								□ Yes				
								□ No □ Yes				
								□ No				
3.	Do your ove	enses include	_					☐ Yes				
Э.	expenses of	f people other to d your depende	han $_{f \Box}$	No Yes								
Par		ate Your Ongoi										
exp				uptcy filing date unless y y is filed. If this is a supp								
				government assistance i								
	value of such ficial Form 10		d have inc	cluded it on <i>Schedule I:</i> Y	our Income		Your exp	enses				
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4. \$	\$	2,300.00				
	If not includ	led in line 4:										
	4a. Real e	estate taxes				4a. S	·	0.00				
	•	rty, homeowner's				4b. 3		0.00				
		maintenance, re owner's associat	•	upkeep expenses dominium dues		4c. \$ 4d. \$		70.00 0.00				
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	\$	0.00				

Deb	otor 1 Stephe	en Konstantine Collias	Case num	ber (if known)	17-46407	
6. Utilities:						
0.		ty, heat, natural gas	6a.	\$	300.00	
		sewer, garbage collection	6b.		70.00	
	•	one, cell phone, Internet, satellite, and cable services	6c.	\$	0.00	
	6d. Other. S	Specify: Cell Phone	6d.	\$	145.00	
		Internet		\$	175.00	
		ling spouse cell phone		\$	200.00	
7.		usekeeping supplies		*	580.00	
8.		d children's education costs	8.	\$	0.00	
9.		ndry, and dry cleaning	9.	\$	140.00	
	•	e products and services	10.	·	75.00	
11.		dental expenses	11.	·	75.00	
		on. Include gas, maintenance, bus or train fare.		Ψ	75.00	
		e car payments.	12.	\$	300.00	
13.		t, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00	
		ntributions and religious donations	14.	\$	0.00	
15.	Insurance.	-				
	Do not include	insurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insu	urance	15a.	\$	0.00	
	15b. Health i	nsurance	15b.	\$	0.00	
	15c. Vehicle	insurance	15c.	\$	166.00	
	15d. Other in	surance. Specify:	15d.	\$	0.00	
16.		include taxes deducted from your pay or included in lines 4 or 20.	40	Ф.	0.00	
17	Specify:	r lease payments:	16.	\$	0.00	
17.	17a. Car pay	ments for Vehicle 1	17a.	\$	534.90	
		ments for Vehicle 2	17b.	·	500.00	
	17c. Other. S	Phonifus	17c.	· -	0.00	
	17d. Other. S		17d.		0.00	
18.		ts of alimony, maintenance, and support that you did not report as		Ť		
		m your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00	
19.	Other payme	nts you make to support others who do not live with you.		\$	0.00	
	Specify:		19.			
20.		operty expenses not included in lines 4 or 5 of this form or on Sch				
		ges on other property	20a.	·	0.00	
	20b. Real es		20b.	·	0.00	
	20c. Property	y, homeowner's, or renter's insurance	20c.	· <u> </u>	0.00	
		ance, repair, and upkeep expenses	20d.	*	0.00	
		wner's association or condominium dues	20e.	\$	0.00	
21.	Other: Specify	/: Vehicle registration, plate renewal	21.	+\$	25.00	
	Tax prep			+\$	30.00	
	Pet food, pe	et supplies, insurance		+\$	100.00	
	Non-filing s	pouse debt payments		+\$	300.00	
22	Calculate voi	ir monthly expenses				
22.	-	4 through 21.		\$	6,185.90	
		22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	0,183.90	
				·		
	22c. Add line 2	22a and 22b. The result is your monthly expenses.		\$	6,185.90	
23. Calculate your monthly net income.						
	23a. Copy lir	ne 12 (your combined monthly income) from Schedule I.	23a.	\$	7,606.64	
	23b. Copy yo	our monthly expenses from line 22c above.	23b.	-\$	6,185.90	
	23c. Subtrac	t your monthly expenses from your monthly income.			4 420 74	
	The res	ult is your monthly net income.	23c.	\$	1,420.74	
24.	For example, do modification to t	et an increase or decrease in your expenses within the year after y you expect to finish paying for your car loan within the year or do you expect you he terms of your mortgage?			ease or decrease because of a	
	No.					
	☐ Yes.	Explain here: Property taxes and insurance are escrowed.	. Residen	ce in non-fil	ing spouse's name, only.	

Official Form 106J